

INTO THE FEAR-FACTORY: Treating Children of Trauma with Body Maps

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“Much time passes by before what has been vanished is laid bare again. Traces are left in the records, but you don’t know where they are hidden and by whom they are guarded, and if those guards will agree to show them to you. They might have forgotten the whole existence of those records. You only need a bit of patience.”

— *Patrick Modiano*

1. INTRODUCTION

Children of trauma — those who score high on dissociation scales — can be governed by free-floating anxiety. In the words of Swedish novelist Stig Dagerman (1995), they “carry their fear with them the way one carries a beginning fever, without knowing exactly what is going on.”

Philip, 12 years old, talking from a low level of experiencing once introduced the following metaphor to describe the mechanism of how he felt that his free-floating anxiety had originated, and how it was produced and maintained inside. “The brain-cutter”, he pointed out, “is a big fear-factory with 11 fear-machines. The fear-machines must prevent that memories will come out. The fear-machines tick, and then the fear is coming out.”

Traumatized children like Philip protect themselves with a fear-loaded “fever” that keeps them deadlocked and structure-bound. Fear-inducing mechanisms obtrude at the expense of the person’s ability to sense. The method introduced here, based mainly on the findings of Eugene Gendlin, can be used as an additional tool to help these children unlock these mechanisms.

Gendlin’s thinking about experiencing and focusing — the motor of psychotherapy — (Gendlin, 1962, 1964, 1981, 1996, 2003) has always guided me in my work as a psychotherapist. I applied his notions to child and adolescent therapy and succeeded in helping many traumatized children to improve their focusing ability (Santen, 1988, 1990, 1993, 1999). But when I worked with dissociated children like Philip, caught up in such extremely pervasive fear, I felt the need to develop new tools. As usual, I approached these frightened children with a client-centered listening attitude and tried to provide a safe and steady presence. I tried to enable them by means of play and focusing-oriented tools like drawing and guided imagery to make space and discover the directly sensed difference between what appeared to be their person underneath and their interfering inner tendencies. However, the fear of these children was so dense that in too many cases it acted like a fog that does not dissipate. I wondered if

the impact of what Philip called “fear-factories” could be approached differently. Maybe a handle could be found that would enable these children to get their “brain-cutting” phenomena more sharply in focus; that would help them to master these fear-generating mechanisms; and that would help them to regain control of the “I” and reconstitute experiencing.

The children we talk about walk in the fog of their fear. Their inner unrest is tangible. They are stuck in what Gendlin calls “a painful mass of confusion and tightness”; they talk all the time, either out loud or to themselves inside as they do not feel anything directly. In order to focus it would be necessary for them to be assisted more effectively “to keep quiet, not only outwardly, but also not to talk inside, so that a feeling place can form” (Gendlin, 1974).

My experience was and is that it can be very hard for dissociated children to connect with a feeling place; their bodies do not “talk back” easily. It is difficult to reach and maintain the required quiet inner sensing. When there is such fear-driven inner unrest going on it obscures awareness. If I wanted to help these children reconnect it would be necessary to make tangible for them the whole spectrum of their bodily dissociation. Maybe I could find a way to help them visualize the spatiality and dynamics of these dissociation-linked phenomena. Such clarification might dissolve the structure bound circles of their current way of being and restore their ability to process experience.

It seemed important to tune in to the spatial aspect of dissociation. Many dissociated clients have attributed fixed spatial positions to dissociation-linked phenomena. Commenting on the ‘hallucinatory voices’ of some of his patients, Janet (1901) wrote that they sensed these phenomena through their muscular sense before they pronounced them, and “they figure that they are hearing a strange voice localized in this or that place.” Patients interviewed by Leudar & Thomas (2000), talking about voices in their heads, “claimed they could localize different voices to left and right sides.” Some years ago a woman responded to one of my presentations about focusing with dissociated adolescents and revealed she struggled herself with such phenomena. She confirmed that it was also her experience that there is a geographical aspect involved in dissociation:

“I would have these internal maps”, she said. “There would be a location for the alter kind of places, sometimes here...here...here. First there would be a location I knew I didn’t want to go, an empty rump I knew I was avoiding. For me it was something like lower left. Sometimes I would think of an intermittent of the brain quadrants. It wasn’t like there was even anything there. Knowing that I was avoiding that would be a clue that there was a place to go because I am not going there.” Talking about therapeutic possibilities in such a situation, she stressed: “That the in-here exists out-there is really helpful.”

Bringing these elements together, I looked for a framework that would be strong enough to counteract the fog and secure resonance with the body. A design, derived from Gendlin’s method of “Clearing a Space” that could create an inevitable out-there reflecting and clarifying the dynamics of the experienced reality of the in-here.

“Clearing a Space”, the first part of focusing-instructions (Gendlin, 1979, 1996, 2003) invites a friendly attitude towards all that can be found inside. This process of clearing space is the inner act of distancing yourself neutrally from what troubles you while you still keep it

before you. This can be done by sorting out each of the problems that the body carries. The focuser is invited to put each problem down and let it wait in an imaginary space of its own. Thereafter, one of those problems can be chosen. It can be approached from a separate standpoint (you are here and “it” is there) and can become sensed as a whole. This constitutes the entrance point to next steps in the focusing process. Frozen experience turns into a self-propelled feeling process.

When I read Gendlin’s specifics on teaching focusing (Gendlin, 1979) it struck me how indispensable bodily resonance is and how easily this can be obscured. When someone attends to the middle of the body, clearing a space or getting a felt sense, quick answers from the mind may pop up and obscure direct reference. Gendlin would remind the client of that possibility and advise him/her just to let it pass. He describes how self-critical mental activities can cause confusion by commenting and dumping feelings on top of other (felt sense related) feelings. This should be countered in favor of the small still awareness (felt sense) hidden underneath. Although the impact of these obscuring forces in dissociated children is very strong, a proper use of the dimension of space possibly could enfeeble these repressive tendencies. These children might disassociate sufficiently from their state of dissociation to unlock their body and speak. “When a problem (in this case: the sum of dissociation-linked phenomena; B.S.) does allow itself to be placed in a space made for it, there is a change in the body, something like a felt shift (...) It is very helpful (to) let the body live without (that problem).” (Gendlin, 1979).

To sum up: in the design I needed, bodily resonance should be secured; an especially powerful way of space-making should counter the blurring activity of obscuring phenomena. This design should make it possible to visually place and keep the present fear-inducing triggers at an imaginary distance. If successful this would create an inner space in which the children’s “I” would emerge — not overwhelmed by the fears and accompanying memories — that would support a safe place to process experience.

It is important to make avoided (trigger) places “exist” in an out-there space (outside the body) to function as a doorway to access these places in the in-here space (inside the body). These in-here spaces, situated in specific locations in the internal landscape of the body, should be approximated in a bearable way. These children should be guided step-by-step to begin to dare/bear to arrive in this new inside place; subsequently to dare/bear staying connected and sensing the body talking back, to clarify what the body knows. The creation of a demarcated container should channel this travelling (separated from the infinite space) into the as yet avoided direction; subsequently, a magnifying glass approach should help the step-by-step process of entering the avoided place. The question remained: how exactly to realize this.

Shirar (1966) and Stone & Winkelman (1985) provided the pieces I was missing. Shirar treated dissociated children by using a sketch of the outline of a body. She asked each of them to draw on that body how he/she would divide it for his/her alternate personalities to inhabit it (e.g. split it up into 26 apartments, each inhabited by one of 26 alters). Shirar used these drawings to initiate a cognitive process. ‘A body on paper’, I guessed, could be used as a container for the experiential process we were looking for as well. I realized how this could be tried when I read Stone & Winkelman, who asserted: “Each sub-personality brings its own energies in our body. We can feel them inside.” The plausibility of this assertion made it seem worth trying.

Thus I began to offer dissociated children 8 to 18 years old life-sized empty ‘bodies’ drawn on paper. These could be used as out-there containers that, functioning as reflectors, could stir up and clarify the current spatially distributed dissociation-linked mechanisms in their body, in order to release, by “touching it over and over”, the ability to reconnect with the middle of the body, to unchain the locks, and reveal whatever “more” there might be hidden underneath their anxiety.

2. THE MIDDLE OF THE BODY AND THE DEPTH OF FINGERS

Every focusing process implies direct reference to the felt sense in the middle of the body. Gendlin points at the fact, however, that the ways in which this can be established can differ. Tuning in with phenomena in other body parts can be a useful intermediary step:

“Something at the periphery, something that does not come directly from the *felt sense* but somewhere from below or aside or from wherever, can be also very important and deep. (...) We should not use the *felt sense* then to block something else. (...) The *felt sense* is in the centre of your body, but (for example) sometimes something comes out of the depth of your fingers. We should not skip that. Then, later, you have to find back where that came from.” (Gendlin, 1993).

This method of body mapping connects with the middle of the body by using “the depth of fingers” as an intermediary step. When a child bends over an empty body to feel its surface with his/her fingers, this posture by itself tunes him/her in with the body. During the mapping process the child is not explicitly invited to attend to the middle of the body, but it happens all the same. Emily, 17 years old, described how this kind of resonance occurs:

“From the moment on when I begin to feel the paper (body), a current goes back and forth all the time: from the paper to my belly, back to the paper, and so on, like a kind of switch. It is a signal sent back and forth without me steering it deliberately. At the moment when my finger touches something on the paper where it reacts, I really do feel contact. Then I feel a strange prickling in my fingers, but then I am also connected with my belly, like a central place that reacts with a kind of bellyache. When my fingers get outside that (reactive) place on the paper, my belly and my fingers no longer react in that way; then there is still back-and-forth contact, but you don’t really feel something anymore; you feel that again as soon as you enter a (reactive) place again.”

As far as the body mapping works as intended, contact with the middle of the body is initiated. Gradually, short-circuit is counterbalanced. While the mapping goes on, “bodily talking back” gets restored; a self-propelled feeling process begins to unfold. The mapping instructions below describe how this can be promoted. Subsequently, we follow two therapies that illustrate how this can function in practice, how simply this method can facilitate experiential steps and how complicated it can be in other cases. Finally, we look at the therapy of a younger child. I will try to show that although we cannot check the bodily resonance of younger children as reliably as we can when we work with older ones, body mapping can provide an essential element to the therapeutic process of these children as well.

3. MAPPING DISSOCIATION: BASIC INSTRUCTIONS FOR OLDER CHILDREN, INCLUDING ADOLESCENTS

The basic attitude during the instructions is one of receiving. Everything that comes freshly during the following steps is welcomed and received patiently.

The therapist draws the contours of a life-sized empty body on paper. The child is asked to sit in front of (or next to) this paper body and bend over it. Although not openly invited to, the child's attention goes to the centre of his/her body by his/her posture. He/she is invited to travel very slowly with the fingers of one hand across the surface of this empty container, asking inside where presumed indicators of dissociation ("voices", "fear places" or "unrest places") might be found. Wherever the child arrives on the paper surface, he/she checks inside if there is a bodily resonance: an unmistakably felt back-and-forth contact between the fingers and the belly, which signals the presence of a dissociation-linked phenomenon. [Exceptionally, some children report a response on the corresponding place in their own body — e.g. lower left shoulder when he/she touches the lower part of a shoulder on paper — instead]. When resonance takes place, the child marks the contours of that specific place on the paper body with a pencil. This scanning continues until all reactive places in the body have been localized. During this and the following steps, it could be an option to ask the child to try the same with the fingers of the other hand.

The child is asked to address to the paper body again and to choose two of the identified places. He/she is invited to travel on the paper surface between them and feel if a bodily reaction signals the presence of a pathway between the two. Any detected pathway is delineated by the child with a pencil. In this way, the child travels between all consecutively selected pairs of reactive places. A network of connected places may take shape.

The next task for the child is to travel along each pathway once again with his/her fingers, asking inside if bodily resonance indicates that there is a (one-way or two-way) direction of 'traffic' on that pathway. The direction(s) of all detected (parts of) traffic is/are indicated with arrows.

Subsequently, the child gets 4 colored markers (blue, red, green and yellow). He/she is asked to brush softly along one of the identified places with a closed marker, then with a second, then with a third and finally the fourth. If he/she notices resonance when (a part of) that place is stroked by one of these colored markers in particular, the child gives this (part of that) place that specific color. In this same way, one by one, all the identified places get colored. Then, in the same way, all the detected pathways are touched and colored.

The child is asked to notice if there is a whole region on the paper body that remained blank. He/she is asked to travel through that region one more time (with the fingers of either hand), and ask his/her body to confirm that this blank really signifies blank, or if it signifies that in this region reactive places and connections are more tightly hidden. If this kind of inside questioning leads to the detection of new places and/or connections, they are addressed the same way as the others.

In most of the cases, the therapist will notice that the emerging network contains one or more triangular systems (three mutually interactive places) that might function as a brain-

cutting machinery. If this seems to be the case, the child is invited to travel with one finger across the whole surface of that triangle to find out if his/her body gives a resonance indicating a “something in there”. The child can draw the shape of any “something in there” with a pencil on the detected place.

If the child has localized a “something in there”, he/she is guided to find words or a phrase that exactly seem to fit to what this seems to be. Whatever label the child uses freshly is received. Sooner or later the child could be invited to let these phrases or words resonate with the body by trying them out loud. What might be referred to first as “the black hole” might turn into words like “the hidden silence” or “the place with the something that should be kept inside”.

Painting can be added as a way of asking inside. To ask a child to paint a considerable enlargement of a slightly visible “black hole” can function as a way of asking “What’s really in this...?” To ask the child to paint “the core of the hidden silence” can function as asking “What’s the crux of all this?”

All elements similar to the ones mentioned above can function as a next entrance point to a continuing process of detection and change. Although these children mobilize a lot of strength and courage during the mapping process, they are vulnerable all the same. Sometimes they show a delicate balance. It is important to follow their pace and protect them against becoming too exhausted or losing the right distance. Although the evocation of triggers is an essential ingredient of this work, these children should not get overwhelmed by triggered images and/or sheer emotion; the aim is always to keep working at the edge (allowed by the “I”), followed by control of the “I”. Protective measures which are rarely needed may be helpful. If at a certain moment it is too threatening for the child to draw a line, he/she could be invited to try to draw a dotted line instead. Two weeks later he/she might be ready to draw the unbroken line after all. If visual contact with certain parts of the network laid bare so far on paper, specifically the head and/or the hands, disturbs the child’s further detection work by triggering images too strongly, it can be stopped by covering this specific part of the paper body with small sheets of paper while the explorations continue.

4. CASE ILLUSTRATIONS.

Three case illustrations will be given: a therapy to show how simply this method can work; a second one to show how complicated it can be; and a third to describe how body mapping can be done by a younger child.

4.1. Rafaël: entering the circles of fear

Rafaël, 11 years old, was no longer able to correct his doom-mongering. Minor stress-inducing stimuli made him lose his balance. He reported frequent nightmares. He was “deadly frightened of death”.

Rafaël had always been a fragile, receptive child. During the last 6 months, however, his problems had increased considerably after a quarrel with his sister, who deliberately

made him believe for several seconds that he had suffocated her. Since that moment he had lived in a frightful trance. He needed to wash his hands whenever he had to touch his sister. Intrusive thoughts plagued him. “Can I still eat? Won’t I become ill? Won’t she become ill as well? Won’t she die?”

In a trance everything seems to be true. Rafaël was absent-minded and confused. He could no longer calm his panic. Sometimes he put his head in his hands, commenting helplessly that he was no longer “the real Rafaël”. Frequently occurring nightmares colored his all day life. He vomited when he had to go to school.

During our first contact in the play room Rafaël was flustered and weakly focused. He told me about his repeated frightening and aggressive thoughts. Not only did he think that minor things could cause his death, but he also worried permanently that he might have caused problems to others. He worried he had broken their neck, had broken their lungs with his touch or had made someone pregnant because he thought he might have had an ejaculation. Talking and playing didn’t help. Drawing his nightmares didn’t either. Rafaël was unable to get a new perspective on what was flooding him. These bursts of his inner orchestra, this evidence of “sheer emotion”, needed to turn back into his ability to “sense” underneath.

From the 2nd till the 8th session Rafael designed his body map. In this way, he detected about 20 ‘fear-places’ spread across his body. Still working on paper, additionally he detected places where he noticed what he called a ‘voice’ or a ‘sound’. He marked these places with a black star. He also marked some places in the brain area on the paper, where, according to the detection by his fingers he had stored an ‘image’. Finally, when I asked to name of these ‘fear-places’, he ranked several of them according to a military hierarchy.

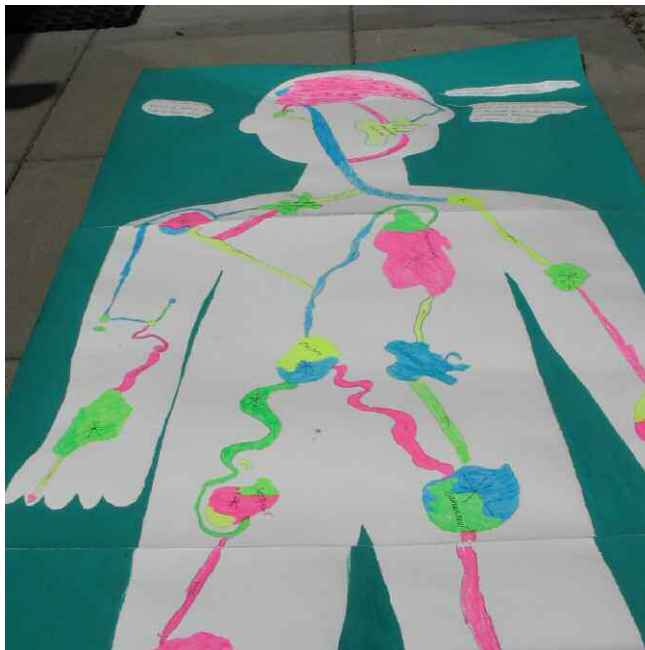


Figure 1: Rafaël's first body map.

During those weeks Rafaël frequently looked at his duplicated body, which was beginning to take shape. Keeping the right distance with his body separate from his paper body, but still connected enabled him to reconnect with his felt sense. “With anxiety it is hard to let a felt sense form, but if it does it is instantly rewarding because the anxiety decreases” (Gendlin, 1996). Talking from his new position, disassociating from his dissociation, Rafaël was getting beyond his panic. He found new words unravelling the bodily phenomena which had kept him in panic so thoroughly. Pointing at a part of the brain he had drawn, he commented:

“This is the boss. This is where the highest shock comes from. Here is retained what happened to me my whole life.(...) When I begin to think about dreadful things, I feel a full blast shock there, and that shock spreads all over my body. Here (at shoulder level) it becomes unbearable pain, below there it all subsides again.”

Until recently Rafaël explained he frequently dissociated when he had done or thought something stress-inducing. During the last weeks, however, this almost had not occurred to him.

“I was always thinking, thinking, thinking. For example that somebody becomes angry. Then it seemed as if I slept and was dreaming. Then I heard nothing anymore. Then I got an image that I fear, and then suddenly there was a tremendous shock through my whole body until it stopped at my feet. And then I was totally awake again.”

Now that he kept exploring from the right distance, the sharp reduction of Rafaël’s anxiety reconstituted his experiencing. He reported a sharp decrease of the repetitive worries in his head. In his sand play, the stereotypical sceneries with pent-up fight situations disappeared; with increased patience and intense pleasure he began to build sand palaces instead. Something had opened up.

A couple of weeks later Rafaël proudly reported that his anxiety had lost its grip. He felt more solid. A boy who used to tease him at school gave similar feedback: “Formerly you always were staring at the ground when I did that”, the boy had said, “and now you give me a big mouth. I am not used to that.”

After 4 months of treatment the landscape of a newly made second body map confirmed what Rafaël had said: the impact of shocks on his life had been minimized. His parents reported considerable change. Rafaël’s nightmares were almost gone. Symptoms like vomiting and being “deadly frightened of death” had disappeared. He was coping better with unexpected events. School-results improved. He began to take more initiative. Therapy was cut back; we finished shortly after.

4.2. Oscar: entering the factory explicitly

Oscar, 14 years old, was depressed and suicidal. He had “agonizing pain”. Comments by “threatening voices” in his head were followed by “a burning feeling” spreading through his body. Oscar moved stiffly. Sometimes he could barely walk. He was hospitalized in a psychiatric clinic where this therapy took place.

When Oscar and I met for the first time the sound and intensity of his voice changed continuously. Unmistakably, in a fluctuating make-up, different portions of his selves mixed up with his “I” in talking with me. Oscar did not know much about his past. Talking all this over, Oscar decided to begin to unravel what was capturing him in order to regain control. When I explained to him how body mapping might help him, he agreed to try.

Oscar scanned the paper replica of his body in search of what he called “the fear and unrest-places” of his inner voices. In spite of heavy inner protest, he decided to localize these voices on his body map. He traced these places, gave them names, and revealed the pathways that connected them.

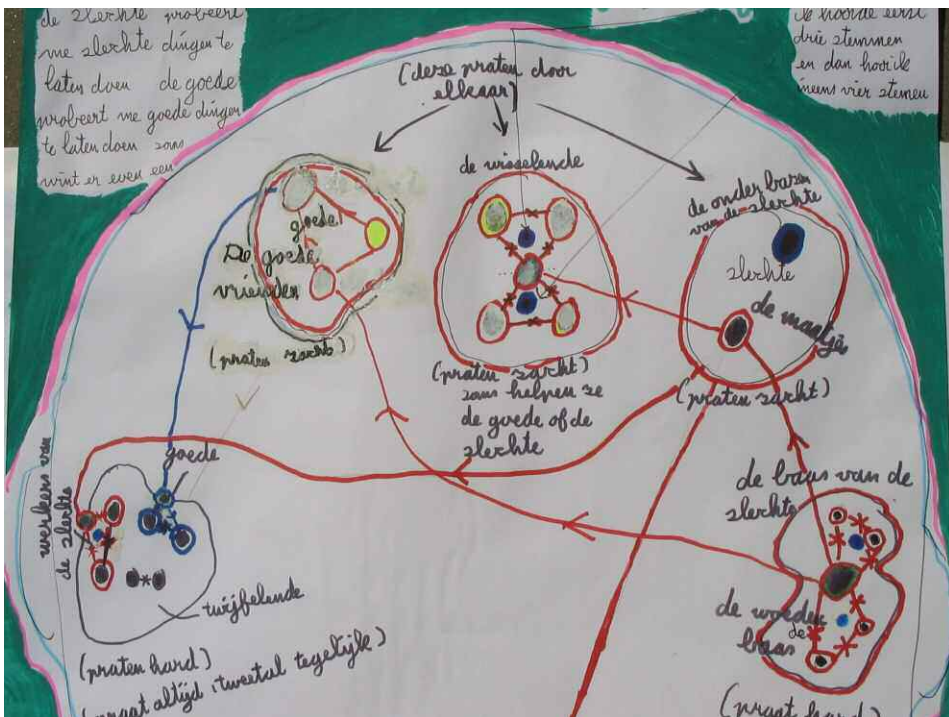


Figure 2: Fragment of Oscar's first body map (voices localized in his head).

After several weeks of looking at his body map Oscar noticed that five voice-places in the head were shaped together like a sandglass; two triangular systems, one of them upside down on top of the other. I asked him to scan the whole paper surface of these triangles with his fingers, and ask inside whether these areas were really empty or if some bodily reaction indicated the presence of a ‘something’ there. When he did, fresh words came up. He mentioned that the pathways between these five voice-places felt like “electric wire”, like a barrier preventing passage. Once again, I asked him to feel with his fingers on paper if the triangular surfaces surrounded by this electric wire had been mapped sufficiently. Oscar took that question in and checked again. New words came. Each triangle, he said now, contained a ‘bomb-piece’. He drew both bomb-pieces on his body map; turned

his attention inside; peeked at those pieces. Then, referring to the sandglass, he began to talk about “machines” that kept these voice-places active, because otherwise “something would happen”.

I asked Oscar to put these “machines” under a magnifying glass: to draw them considerably enlarged on a separate piece of paper, and write his comment next to it.

Oscar’s out-loud knowing and sharing of these mechanisms caused that they began to falter. During the next session Oscar told me that last weekend, for the first time since years his muscles had been working smoothly.

“When the corner-pieces didn’t succeed any longer to remain active, something in the middle of the triangles exploded. The bombs blew in all directions. For the time being, the triangle was totally broken down. For some time, I almost didn’t hear anything anymore, until it started again, as if they gradually built up the wall again. They don’t want me to feel fine. When I am doing fine, something happens with the middle pieces.”

Angry voices inside protested against these new disclosures. Oscar was ordered to stop eating and drinking. Fighting against drowsiness that began to capture him, he talked about “a ticking time bomb inside, that he needed to keep under control at any cost:

“I do everything to prevent that that bomb will explode, because otherwise I am a dangerous person.”

Oscar drew once again enlarged what one “machine” looked like.

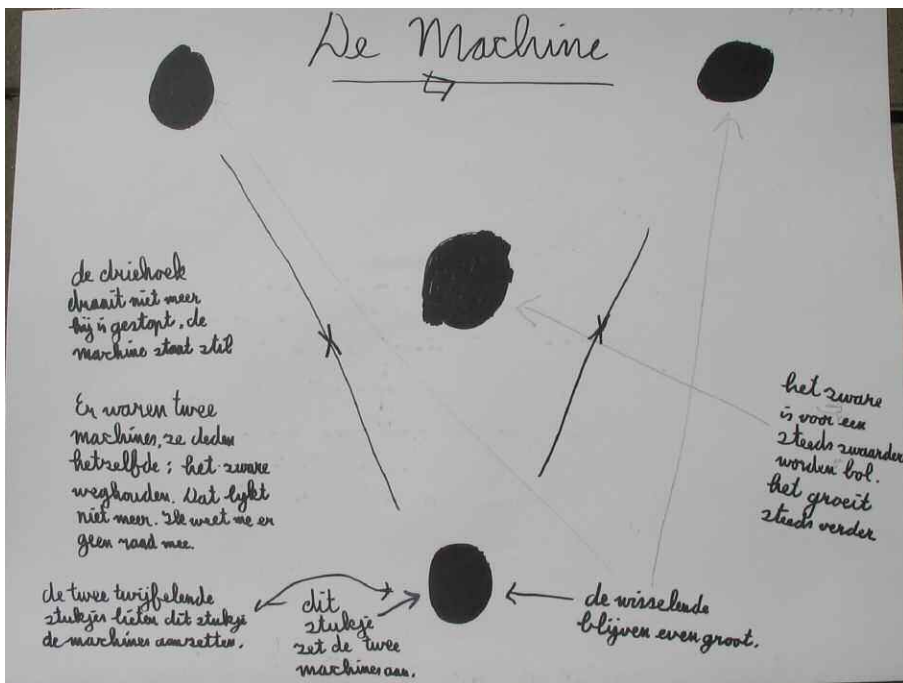


Figure 3: The Machine (this second time: separately)

Inside that clockwork he drew a bomb. Then there was a felt shift. That bomb-piece contained ‘the heavy’, he said.

“The voices become softer now, and more often they are gone. Now they don’t object when I tell about the machines. The depression emerges. That depression in the two bomb-pieces bothers me a lot. I call it ‘the heavy’. The machines kept the heavy away. They pressed it inward. But now the machines have come to a standstill. The triangle does not run any longer to thwart the heavy. I try to push it back, but it is an increasingly ponderous ball with which I am at an utter loss.”

Following his pace, I did not seek for information about what might be the content of that ‘heavy’, but asked Oscar if he wanted to paint this heavy. He painted: a red core, encapsulated by a black ring, surrounded by a second red ring and an expanding black exterior. He wrote ‘the heavy’ above it.



Figure 4: The Heavy

Two weeks later Oscar painted a considerably enlarged ‘kernel of the heavy’. A big coal-black spot appeared. When I verbalized how black that black seemed to be, Oscar grabbed his head. He reported that voices told him to keep his mouth. I asked him if he was ordered to keep a secret.

“I think that there is a secret”, he confirmed. “The secret is not allowed to come out, but it also cannot be kept inside any longer.”

I asked Oscar to look at his painting and attend to the middle of his body. He went back and forth from his body to that coal black spot to see if any words would come. Then he whispered that this was not a ‘kernel’ but ‘*a complete atomic bomb*’. He painted this ‘*atomic bomb*’ the way he felt he carried it inside and wrote this handle above his new painting.

One day about two months later sitting in front of his first body map, Oscar said that it no longer represented how he felt in his head. I invited him to feel with his fingers and to depict a new one freshly. While he scanned how he experienced the network in his head right now, the fog concerning his past was lifting further.

“During the last 2 months my mind has become clearer”, he reported. “And I can think better. Most of the pieces inside no longer disturb me that much. These days, every now and then I see before me how the situation at home has been.”

Oscar told me, that the tension in his muscles had decreased considerably these last months. It had been a long time ago that pain had awakened him during the night for the last time.

During the weeks that followed, Oscar began to talk increasingly about difficult feelings related to the past. He hesitated at a gateway. *“I don’t want to retrieve difficulties”, he said, “If I take the lid off that cesspool, we’ll get into a lot of trouble.”*

The lid, however, had opened already enough to cause him trouble temporarily. The ‘burning’ came back. Oscar explained this as follows:

“The boss is frightened. (...) He carries dreadful memories of the past, which I see in front of me every now and then. There are several locks on that cesspool, and I don’t get those locks away. I was standing on my feet, but right now I almost lay on my back.”

Some time later the inner balance shifted again. Oscar, who had improved enough to be discharged from the clinic after a hospitalization of 15 months, gathered new strength. The therapy continued. Bending over a new body map searching with his finger where to find the ‘bomb’ space on his paper body he appeared to be ready for a next step. He grabbed his chest, and remarked: *“This place signifies something. That bomb might be situated right here, at this lower place, instead of higher up in my body.”* Oscar delineated the chest-area on his body map where the bomb drew his attention. However, his fingers did not give any resonance when they explored that specific chest-area further. Because Oscar got stuck, I tried something new instead, that although keeping them very close to each other prevented direct contact between his fingers and the paper chest: a transparent plastic sheet with several concentric circles around a bull’s-eye on it. His fingers drove that bull’s-eye across the delineated paper chest area searching for the bomb. After travelling for months on paper, this bull’s-eye arrived at a place that caused a very strong reaction. Oscar’s legs failed him when he tried to rise to his feet. His face looked distorted because of the pain at this place — close to his heart — where the bomb had been found. His chest was constricted so heavily that he almost could not breathe.

Oscar did not give up. He allowed me to talk with “the boss” about the memories that came closer. He decided to listen to those tape recorded talks. That he dared to do this seemed to be a major step. Since that step, he had been more “himself”. He had been thinking clearly and his ability to concentrate had improved. He was told to show more self-confidence now, to be able to express more precisely what he wanted. He commented:

“In the therapy we went in the direction of something very important. Until then he wanted to lock up things. But now somehow he has lost already.”

Oscar disclosed a differentiation between what he called “the boss” and what he called “the protector”. I asked him to try to indicate — on a new body map — on all triangles on which corners of the triangles “myself”, “the boss” and “the protector” — each indicated with a color of its own — appeared to be. This appeared to be extremely difficult for Oscar. Halfway he faltered.

“I feel the bomb”, he said. “It becomes totally warm. Where we arrived now is very important. I feel it in my muscles. I am permanently connected with all kinds of systems.”

Oscar allowed me to talk with “the boss” to ask him how that faltering could be explained. “The boss” suggested to me, that Oscar had once witnessed something, and that there might be revenge if he would disclose that. When Oscar heard this on tape, he grasped his head in pain, as if he was beaten on his head with an iron stick.

“I was just listening,” he said some moments later. “Suddenly there was a heavy blow. My whole body; my whole head. A slap on my head.”

Something had come close to awareness. Images of the past appeared:

“I saw lots of images of my grandfather. Things we have done, finally his death. All kinds of things about the past come up. I had stopped it, but I can’t anymore. It was shut. And now all kinds of memories from the time of the two last classes of elementary school come to the surface. I have those pieces in my head now, but I don’t know how to tell this.”

The next session, working on his newest body map again, Oscar grasped his chest, where the bomb began to react. I held his hand to his chest and asked him if he could try to talk from that place. Something began to dawn on him. He feared for his life. “I am a dead man”, he said. “I can’t. I am not allowed to say anything. I am not allowed.”

When — two weeks later — I asked him if I could talk with “the boss”, Oscar drew the line. “I don’t give you much chance that he will say something. Right now I don’t want him to.”

It seemed that the moment of truth had come: the truth that had reached Oscar concerning what had once happened to him, and the truth that Oscar chose not to disclose this in the therapy. Oscar had become the guard of his bomb himself, and he decided to keep it that way. “To be honest”, he said during the 67th therapy session, “I don’t want it to come out. I decided that I want to stop with the therapy.”

Oscar took some time to think this over. On the date agreed, his mother phoned me to confirm that his decision was final.

4.3. Body mapping by a younger child

When Zinzi was an infant, her mother and she were part of a group that was evacuated from an African war-zone. They moved to Europe. But somehow ‘war’ travelled along with them. Zinzi and her mother, as well as some other women and children, were terrorized secretly in an ‘African church’. During a long period they were tortured and raped as a part of exorcize rituals. This calculated cruelty had a tremendous existential impact. When Zinzi was 4 years old, her desperate mother stood with her in the window, ready to jump. Since then her mother went from one psychotic episode to the other. Zinzi regressed. She was obsessed with blood, smeared with excrements. After some time of rambling, Zinzi and her mother came to The Netherlands. Zinzi was committed to a Dutch foster home. Her foster parents supported her during her therapeutic process.

Zinzi — 6 years old — was drenched with fear. Especially during the first months of our play therapy sessions I tried to be mindful of Hermann’s clear warning (1992): “The first task of recovery is to establish the survivor’s safety”, and that “must be based on the self-protective capacity of the victim.” I followed Zinzi’s initiative in playing the same scenery a hundred times: she ‘fainted’ (sometimes ‘died’) and sank down on the ground; following her instructions, I — the ‘doctor’ — gently took her in my arms, operated her, and guided her gradual recovery. Gradually, Zinzi began to introduce dolls to express her fears and coping mechanisms. I tried to listen and respond patiently and be present in a non-intrusive way. Then, after 2 months, she mentioned straightforwardly: “My mother wanted to kill me. When you have fainted, you are still alive.”

Ambivalence was tangible. “Tomorrow I won’t return because I am ill”, Zinzi would play, adding: “I am just kidding, I will return, to come and be with you.” She gathered courage. “Let us play horrible things”, she invited, “at first only you. Then I will say: ‘I don’t dare to come.’ We must kill those men who want to kill children.”

While the intensity of her fear decreased, Zinzi went on to disclose, step by step. “Men put a fish inside me, between my legs”, is one of the messages she gave me. I was supposed not to respond to them as facts that had actually taken place. In most cases I just received such a message with her, resonating what she had said, without asking questions; when I violated that rule she would delete what she had introduced. “Oh no, that was a joke of my mother.”

While I had to keep ‘saving’ her again and again, Zinzi showed growing trust. “My former problems are still in my head”, she said one day. I took this as an invitation to explore this more specifically. I asked her if she ever heard voices in her head, or elsewhere in her body. “As many as letters, twenty”, she answered. Immediately after this confirmation she drew the limit. She asked for a break to go to the toilet.

After half a year of this non-intrusive kind of play therapy it was reported that Zinzi had taken up her development again. Her results at school improved. “Increasingly”, her teacher told, “she can keep her emotions under control and is able to show them adequately.” For the time being, Zinzi had found a better balance. After one year of play therapy the fre-

quency had been reduced to infrequent follow up sessions. Then something happened, that initiated the next step of facing and processing her trauma more thoroughly.

One day, when Zinzi saw a girl vomit, she was overwhelmed with frightening flashbacks. She hallucinated that her mother was present, who told her that she should die. Her foster mother had to stop her from trying to kill herself.

Back in the play-therapy room, Zinzi was terrified. Trance-like, a thumb in her mouth, she whispered that someone inside wanted her to die. She seemed to have shrunk to just that one question. At this point I decided to intervene. I wanted her — in full awareness and acknowledgement of the presence of this demanding ‘it’ — to become able to explore the whole complexity of *all* that seemed to be stuck and conflicting inside.

First, I drew a small sketch of a body on a piece of paper and assisted her finger to seek the place on that sketch that indicated where that voice seemed to talk to her from the inside.

Secondly, I made a life-size container — a paper body — that could carry the whole dynamics of her dissociation. While I drew that silhouette of a body, I explained that I had something that might help her to find out if she had made boxes inside where she had stored up threatening memories that she almost could not bear, and that she could learn to open the lids of those boxes little by little. Some of these memories, I told her, seemed to break out and overwhelm her now; I emphasized that it was important that she would get access to those boxes, that she would gradually become able to open them herself, if and as far as she dared and wanted to; as her own boss, in control of herself.

After this explanation, Zinzi pulled herself together somehow. I asked her to feel with her fingers on the silhouette where boxes might be detected in her body. She got stuck again. The idea of touching her own body — although indirectly — seemed too scary for her. But — creating a bit more distance by make believe — when I proposed to her to name that paper body ‘*the doll Zinzi*’, that solved her problem.

Zinzi wrote “The doll Zinzi” on her paper. With her fingers she traced and drew a number of ordinary boxes plus two deeply fortifying boxes-in-boxes-in-boxes. When she had done this, she mentioned that the core of each of the two multi-layered fortifications was inhabited by a “voice that you don’t see.” Receiving this without further comment, I asked her to write “A voice that you don’t see” on her paper, and connect it with an arrow to where she had traced it.

Zinzi gradually opened her mind to her dissociated feelings and memories. The paper body map functioned as a silent thread, a growing body of evidence about (the bodily impact of) facts that she now began to remember and/or know out-loud, write down, receive and bear. Sitting on the safety providing lap of her foster-mother, who sometimes assisted during parts of the play-therapy sessions, Zinzi began to put the pieces of the puzzle of the horrific facts of her past together: her being raped by several men, different ways in which she had been tortured, and her enforced participation in the torturing of other victims. Whenever waves of memories came up when she was at home, they were written down and/or drawn and brought to the session, where we worked with it, distinguishing:

- 1) The remembered threatening events, now processed by talking, drawing and playing (some of these facts were recorded on her body map later on when she was ready for that).
- 2) The bodily dissociation mechanisms caused by those threats, now traced and recorded on the body map.

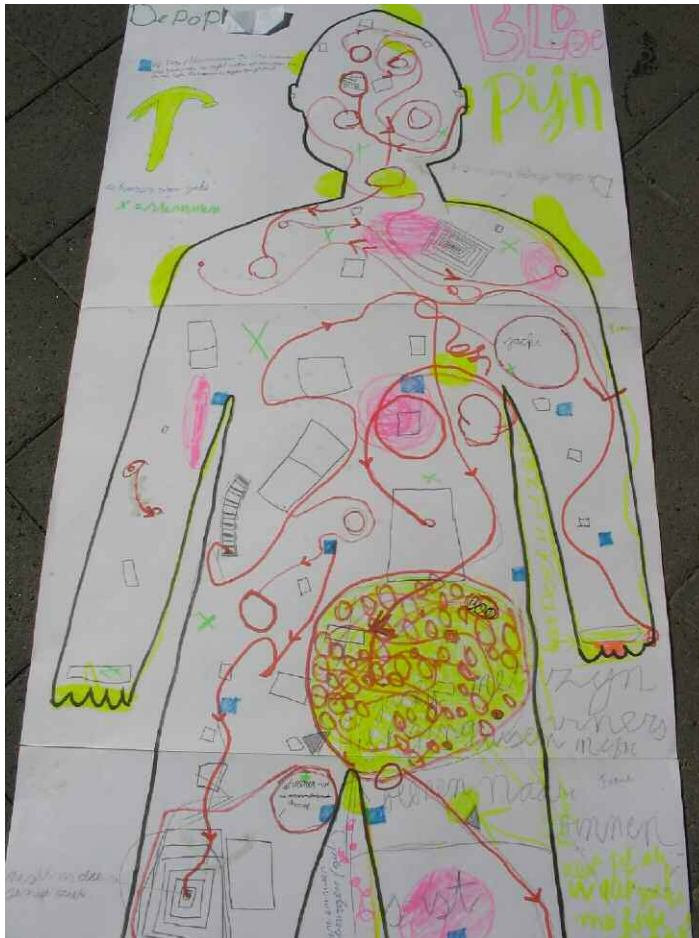


Figure 5: Zinzi's body map.

During the months that followed, chain reactions were set off: body memories evoked physical pain in certain body parts; that localized pain brought memories back; those memories brought new verbalizations; those verbalizations brought new memories.

Step by step, Zinzi shifted the edges of what she dared to explore out-loud. In spite of her waves of panic and instability, the overall level of her anxiety quieted down. Nightmares became rare those days.

Zinzi's "I" appeared to be increasingly in charge. I asked her, seeking with her fingers, to trace more places of unrest inside, that might be connected with what had happened to her in the past. She felt with her fingers, encountered places, pin-pointed these, pin-pointed connecting pathways, and determined the directions of those connections. Then, looking at her body map, she revealed the place inside where she heard her mother talk. She also revealed several places where she heard voices talk in French. Those voices, she realized, sounded similar to those of the offenders who once terrorized her. When I asked her to localize where the voices of these men were to be found on her body map, she needed a distancing step in order to connect. Not daring to do approach the paper body directly with her own fingers, she used her hand to lead the fingers of her foster-mother towards the right spots on the doll. When this shared scanning had taken place, she made another leap forward: she disclosed the names of those men, and registered on the places on her body map corresponding with the places where her body carried them. She also traced the other voices that she heard inside, by marking their places with a cross on her map.

That liberating step of disclosure unleashed the almost unbearable physical pain we mentioned above. Temporarily, that pain made it very difficult for Zinzi to dare to come to the therapy at all. She slept badly. Sometimes she felt too shaky to go to school. It took many safety providing, non demanding sessions to help her gather new courage. She frequently tested out my reliability in doll's play; playing the bad wolf, she tried several ways to seduce me to cooperate with him to catch Red Riding Hood. Bit by bit, accompanied with ups and downs, Zinzi began to verbalize and write down the specifics of the tortures that once had caused that pain; pain that had never really stopped plaguing her and that she felt more sharply now. The picture of all the cruelties that had happened to her became more complete.

Now that she had clarified these causes of her physical pains, I asked Zinzi to address her body map again. Next to her head on the body map she drew the hammer of one of the offenders. She colored on that map the exact places where she had been hit and was still hurting (in yellow), and the places where she had been bleeding (in pink). One of those weeks she pinpointed gruesome details by writing them on her body map paper. The whole picture of what had happened became more and more complete. Although Zinzi had pictured on her body map that her abdominal area was filled with unrest, I followed her signals that we should leave this "painful mass" unexplored until — whenever — she would be ready for that next step.

Late in the chain of the elements that had come out of the dark, Zinzi began to tell how she and her mother had been compelled to violate each other. She explored the resulting feelings of guilt and self-hatred she had. When this had come to the fore, her fear silenced further down. Stability returned. The happenings of her past no longer obstructed her functioning to a perturbing degree.

The frequency of our sessions was reduced again; after three years of therapy we finished.

5. CONCLUSION

“The fear is like dust in my blood”, Emily noticed when her therapy started. When body mapping works, that kind of dust dissipates.

The children I treated had become increasingly frightened over the years; concurrently, they had become less and less able to sense. Their low experiencing level had a detrimental effect on their functioning. The use of body mapping, breaking the circles by clearing the right space, brought this functioning as “fixed machines” to an end. A key factor in how these children achieved this seemed to be that this body mapping — enabling the “I” to approach its dissociated functioning in a bearable way — enabled them to disrupt their fear-factory activity while their inner separateness diminished. This restored the ability of their body to live and bear inner connectedness: find and touch the pain/fear involved in avoided “worst spots,” going hand in hand with the experience of “breathing again” (Gendlin, 1996). It enlarged the possibilities of their “I” to process experience, and turn their development into a life-forward direction. They began to process their trauma, as far as their situation allowed them to do that.

All over the world there are children who have been (and will be) confronted with extremely overwhelming situations that cause helplessness similar to the helplessness encountered by the children I described. Violent processes, inflicted by human beings or by other environmental disasters, leave the “dust” of fear in their blood. In cases when those circumstances make an emergency state of dissociation inevitable, dynamics are created that these children cannot undo by themselves. Therapeutic methods are needed to help them recover. The post-traumatic stress symptoms of survivors of rape, violence in the family and incest — including traumatic trance and repetition — are essentially the same as those capturing survivors of war (Herman, 1992). Long after the extremely frightening situation (the war/the incest/the physical violence/the physical threat) is over, the mind and nervous system of the surviving child can still be attuned to that past situation, and perpetuate suffering. It is my conviction, that the way those phenomena should be dealt with therapeutically is basically the same as the one I described. The technique of body mapping might prove to be a helpful tool in many of those cases.

Therapeutic treatment requires reduction of actual threat. As I mentioned before, the securing of safety has priority over everything else. Whenever we know that a traumatizing situation continues, it should be halted whenever it is in our power to influence that. In the middle of a traumatizing situation the space for successful body mapping — like for any other therapeutic processing — is very limited.

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